

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017938

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 43

FILED MAY 16 1962

## 1. PLACE OF DEATH

a. COUNTY

BARRY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN CASSVILLELength of stay in lb  
8 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Osteopathic Hosp.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

BARRY

Inside Limits

Yes ☐ No ☒c. CITY  
OR  
TOWN

Roaring River Twp.

d. STREET  
ADDRESS

Rt. 2 Cassville

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
BRUCEMiddle  
EDWARDLast  
RICE4. DATE  
OF  
DEATHMonth  
MAYDay  
8,Year  
19625. SEX  
M6. COLOR OR RACE  
W7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
12/19/809. AGE (last birthday)  
81IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired Printer10b. KIND OF BUSINESS OR INDUSTRY  
Printing11. BIRTHPLACE (City and state or country)  
Kansas City, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

R. B. Rice

13b. MOTHER'S MAIDEN NAME

Ellenor Riley

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

no

17. INFORMANT

Mrs. Dorothy Krallman, Cassville

Address Rt. 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Septicemia &amp; Toxemia

INTERVAL BETWEEN  
ONSET AND DEATH

1 week

DUE TO (b)

Generalized Pneumonitis

2 weeks

DUE TO (c)

Chronic Pulmonary Fibrosis

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 17, 1962, to May 8, 1962 and last saw him alive on May 7, 1962.  
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

5/10/62

White Chapel Gardens

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Doyle E. Williamson, Cassville, Mo.

May 8-1962

Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 8 1966

Permit obtained

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dyle E. Williams*

Licensed Embalmer No. 4883

P. O. Address Cassville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

May 8-1966  
J.E.W.